

## **H. RURAL CONTINUUM OF CARE - STATE OF UTAH**

During the rewrite of this 2000 Consolidated Plan, the State of Utah, Division of Community Development, hosted 2 discussion meetings on the subject of the development of specific “Rural Continuum of Care” organization and needs and needs assessment. The continuum was developed with assistance from the HUD, Denver Office, as well as each of the regions of the state and anyone else who might be interested. This meeting was the beginning of discussions concerning this issue and ended several months later with adoption by the CDBG Policy Committee. In these meetings the following organization and framework of the continuum was developed and issues and focus was decided upon. Participants included representatives from the following 14 organizations: Steve Browne, MAG, Lane Neilson, WFRC, Shirlene Lowry, 6-Co., Debbie Hatt, SEUOAG, Lisa Nelson and Laurie Brummond, UBAG and Elaine Murphy, 5-Co.. The CDBG staff and Sherie Brinkerhoff and Kitty Stewart from the state HOME program, as well as Roy Porter from the Department of Housing and Urban Development in Denver. Other parties were invited but did not participate. The following identified continuum was developed and officially adopted as an integral component of the Consolidated plan.

### **Self-Sufficiency**

Home Ownership  
( SUCCESS Program)

Affordable Housing (Rental)

Rental Transitional Housing

Jobs (Job Placement, Private Business Partnerships)

Supportive Services: Education, (GED) Training (Career training),  
life skills, Child Care

Transportation (Individual and Mass transit needs)

Health Services (Mental Health, Disability, Drug and Alcohol, AIDs, TB)

Food Banks and Clothing Resources (Referral programs)

Shelters: Provide adequate temporary housing throughout the state for homeless, domestic abuse victims, provision of case management and counseling services)

Homelessness: Need to identify and provide outreach to get all homeless involved (Disabled, victims of domestic abuse, working poor, etc.)

This continuum, as implemented, will take any homeless person from the situation he/she is in and move them into various services and programs and help them from being homeless into a meaningful job and permanent affordable housing. The continuum identifies the needs homeless persons have and what services and programs need to be available to address those needs. It is critically important that a safety net be created to insure that all persons in need of these services get them and no one is allowed to be lost.

This continuum of care for rural Utah will be implemented by staff involved at the regional association of government's level who have access to CDBG funds, Olene Walker Housing Trust Fund (OWHTF) which includes HOME funds and state trust fund programs. Integral in this process will be CSBG funded community action programs and ESG funds to assist in providing shelters and shelter care. Other federal and state programs as well as locally funded programs will be involved. The private sector considering both for-profit and non-profit agencies need to pay the majority of the costs of implementation with the public sector filling gaps. The continuum will be further defined below with objectives and assignments given.

### **Homelessness**

The characteristics of the homeless population are very clearly presented in this consolidated plan. They are a diverse population of individuals and families who have significant unmet needs and concerns and the continuum is designed to provide for the needs of those persons who are able and willing to progress through the system. Some of these persons have special needs that need to be addressed before improvement can be realized. It has been shown in the data that a majority of homeless persons have some kind of mental disability. The system must assist the person to be able to manage that problem in-order to help them to successfully move out of the cycle of homelessness. The following information will define the approach we will take with our partners at all levels of government and in the private sector to help to decrease the numbers of persons and families who are homeless.

### **Shelters**

Shelters are of course the first resource homeless persons encounter either at their own initiative or through referrals from law enforcement or religious organizations. Most populated areas of the state have access to homeless shelters but capacity is often limited. The number and type of shelters currently available are identified in this plan. Those areas that do not have facilities utilize motels temporarily and then transport persons to areas where shelters are available. We will attempt to fully implement the plan for the provision of shelters as identified in the homeless section of this document. We will maximize the funding available through CDBG and OWHTF programs to address these needs.

### **Food Banks and Clothing**

There has been an increase in the awareness of local elected officials of the need for food alternatives for families and individuals who are in need. Persons who are homeless can receive food from shelters but as they make the transition into paying rent and budgeting money they will likely need assistance from area food banks. We will increase the availability of these services so that all regional centers have food bank programs and places where people can obtain clothing. We will build a new facility in Price and Brigham City. There are facilities in St. George, Richfield, Vernal, and Salt Lake City among others. We need to insure that all persons who need these resources are made aware of their existence so that they can take advantage of them as needed throughout their progress through the continuum.

### **Health Services**

Health care must be available to all homeless persons as soon as they enter the continuum. They must have access to medical care for physical as well as mental/emotional needs. A physical examination should be made immediately to determine if the person is infected with any communicable disease such as TB. Persons with AIDS need to be assisted in a different manner in order to decrease the contact with persons and spreading the infection. Proper treatment should be administered immediately in all of these cases. Persons with mental and emotional problems should also receive counseling and medication if a medical doctor diagnoses the need. The substance abuse office of the Department of Health has programs available to help and needs to be a full partner in providing these services to the homeless. Often proper medication will be the determining factor in helping a person make it out of homelessness. Medical attention

is also needed if a person is trying to deal with drug or alcohol addiction. Mandatory treatment for these addictions should be required if the person desires to compete in the work place. An effort will be made to include private entities to help provide some of these services. A definitive organization of resources available and homeless access will be provided in the next years action plan for full implementation.

### **Transportation**

Transportation linkages between residences and services and employment sites are often overlooked in efforts to break the homelessness cycle. There is great need particularly in rural areas to move persons around. Persons must get from home to training locations in order to take advantage of those opportunities. Mass transportation is often available in urban areas and homeless persons or persons in transition should be shown how to use it and given financial assistance to get where they need to go. Training sites should be linked to employment sites and employers or other public providers need to be involved in moving people around. Vans and other vehicles need to be provided as part of the resource. They should be prioritized in local agency budgets where it makes sense. A replacement fund needs to be set up to assist in replacing the unit as it depreciates with use.

### **Supportive Services**

The supportive services are mainly education and training based. Employment education and high school equivalency education is pivotal in this program to provide persons a way out of homelessness. Literacy must be eliminated and ability to read and write must be required for all participants. Supportive services also includes job placement, career counseling and child care. The CDBG program will be targeted to assist in the provision of child care facilities associated with the continuum. These can be set up by providers or in association with employers participating in the program. Training will be instituted as the person is prepared to proceed out of the shelter environment. Aptitude and interests should be evaluated for each person and then they need to be connected up with training that will prepare them to take a job. A case worker should be available to assist them with learning life skills and to make sure they are connected with all of the different stages of the program. They will need to live in facilities where little or no rent is required until employment is found. Until they are trained they will need assistance in obtaining food and clothing. As training nears completion on the job training can be provided to begin to give them some income to begin paying for their own needs. That income can assist in paying for food and other essentials. An evaluation of education and training will be made to see where improvements can be made. Innovative public and private relationships will be developed initiated by the state.

**Jobs**

It is important to bring in the private sector at various different points in this continuum. The importance of the creation of employment opportunities is critical in making this work. Many homeless are not capable of working in normal conditions and will need special training and employment opportunities. The company partnership needs to determine their employment needs, training is then custom fit to those needs and former homeless persons are trained specifically to meet the company needs. The person then fits into the job and advancement in responsibility and compensation is expected overtime. Employment opportunities are primarily developed at the local level and therefore the AOG's will be looking at opportunities to get companies on-board. This is all similar to the welfare to work programs. The Department of Workforce Services is the critical state player in making these relationships happen.

**Rental Transitional Housing****Affordable Housing****Homeownership**

All of these housing types are eligible in the CDBG and most importantly the OWHTF programs that the state and entitlement grantees with the HOME program. There appears to be a large number of housing programs available to build all of these different types of housing. They are all used as gap financiers after private funding sources have been maximized. There needs to be surge in using these programs and in providing housing which is eligible for all of these programs. These programs hope to be matched with a majority of private funds at least. There are currently gaps in all of these categories but especially in the rental transitional housing. Several new projects are being implemented currently to meet this need. Even with all of these funds available there still is large unmet need. Applicants should take into account the shortage of affordable transitional housing need. There are a few new developments planned to create this specialized type of housing. This kind of development is always a priority of this plan.